

Internal Audit Plan

Audit Date: _____ Audit Number: _____ Lead Auditor: _____

Audit Team Members: _____

Comments: _____

Audit Objectives

ISO 14001 Audit Areas	Biological Services	Fee Booth	Administration	Greens	Landfill Gas	Groundwater	Disposal Operations	Capacity Development	Surface Maintenance	Contractors	EMR	Deputy Director
4.2 Environmental Policy												
4.3.1 Environmental Aspects												
4.3.2 Legal and Other Requirements												
4.3.3 Objectives and Targets												
4.3.4 Environmental Management Program												
4.4.1 Structure and Responsibility												
4.4.2 Training, Awareness, and Competence												
4.4.3 Communication												
4.4.4 EMS Documentation												
4.4.5 Document Control												
4.4.6 Operational Control												
4.4.7 Emergency Preparedness and Response												
4.5.1 Monitoring and Measuring												
4.5.2 Nonconformance and Corrective and Preventative Action												
4.5.3 Records												
4.5.4 EMS Audit												
4.6 Management Review												

Planning Checklist

1. Contacts in each audit area notified about audit _____
2. Opening and closing meeting scheduled with management representatives _____
3. Timeline of audit established and reviewed with contacts and management representatives _____
4. Reviewed past corrective and preventative action reports _____
5. Have copies of necessary documents before start of audit _____

Documents include:

Timeline

Date/Time	Area	Contact	Phone

Plan reviewed and approved by:

Lead Auditor **Date**

Environmental Management **Date**
Representative

Deputy Director **Date**